

Ph 1

130

Entry Blank—Please Type or Print

Ms./Artist
 Mr./Artist

ALLEN McMICKLE

(last name last)

Permanent
Address

337 SOUTH ST CHARDON

Street

City

44024

Daytime Tel. (216) 423-4446

Zip

area

Temporary or
Studio Address

—

Street

City

Daytime Tel. ()

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? —

Collaborator (if any) —

If May Show entries are not accepted or are not sold:

Artist will pick up at Museum.
 Museum should dispose of.
 Museum should ship to artist at artist's expense:

—
Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Allen McMickle

I have received the unsold/unaccepted object(s) in good condition.

Signature

Allen McMickle

Entry Blanks

A
 Paintings

 Sculpture

 Graphics

 Crafts

 Photography

(specify category)

Materials used (media):

SILVER PRINT

Title

YOU DON'T KNOW WHAT YOU'VE GOT...

Price or NFS

*\$225*Insurance Value
if NFS OnlySize *24" x 12 1/2"*
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale*0*Total No. in
Edition*1*Price of Print
UnframedPrice of
Frame Only

ACCEPTED

X

DO NOT WRITE IN THIS SECTION

(3) - 130

ACCEPTED

X

NOT ACCEPTED

*5**79a ph*

NOT ACCEPTED

B
 Paintings

 Sculpture

 Graphics

 Crafts

 Photography

(specify category)

Materials used (media):

SILVER PRINT

Title

A DAY IN THE LIFE

Price or NFS

*\$65*Insurance Value
If NFS OnlySize *5" x 7 1/2"*
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale*0*Total No. in
Edition*1*Price of Print
UnframedPrice of
Frame Only

ACCEPTED

*X*DO NOT WRITE
IN THIS SECTION*(3) - 131*

ACCEPTED

REC'D

NOT ACCEPTED

*5**80a ph*

NOT ACCEPTED

DATE

1989 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

ALLEN McMICKLE

Name

337 SOUTH ST

Address

CHARDON

OH

44024

City & State

Zip

Notification #2

**Do Not
Detach**

A

Paintings Graphics Photography
 Sculpture Crafts

Title

YOU DON'T KNOW WHAT YOU'VE GOT

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(3) -130	X	

B

Paintings Graphics Photography
 Sculpture Crafts

Title

A DAY IN THE LIFE

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(3) -131		X

Return of Objects

Not Accepted: June 20-24

Accepted: August 15-19

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT

Do Not Detach